



**Return Funds Form**  
**Delaware Housing Assistance Program (DEHAP)**

INSTRUCTIONS: Answer all fields in this form and return payment in the form of a check to Delaware State Housing Authority (DSHA).

Please address return to:  
Delaware State Housing Authority  
RE: DEHAP Returned Funds  
18 The Green  
Dover, DE 19901

**Applicant/Tenant Information**

Name: \_\_\_\_\_

Case ID(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Amount Returned**

Is this the full amount of assistance provided to the household?    \_\_\_ Yes    \_\_\_ No

*\* If partial, please provide detail on the amount returned below (If requesting consideration for a repayment plan, please provide an explanation in this space. DEHAP may allow up to 90 days to return funds if a repayment plan is requested.):*

---

---

---

---

---

---

---